| 100/2600       | TRANSFER            | REQUEST FOR AN    | <u>09/834,4</u> €                     | 35             |
|----------------|---------------------|-------------------|---------------------------------------|----------------|
| ATE:           | 6-13-01 FROM: P. W. |                   | der                                   | _ (print name) |
|                |                     | REASON(S):        |                                       |                |
| ORWARD TO:     |                     | A. You had Parent | (check bax)                           |                |
| . Art Unit:    |                     | B. See Title      | (check box)                           |                |
| . Class:       | 370                 | C. See Abstract   | (check box)                           |                |
| Subclass:      | 351                 | D. See Claim(s):  |                                       |                |
| URTHER EXPL    | ANATION IF NEEL     | DED:              |                                       |                |
| determ         | ing path            | by determining    | next hop                              | 1              |
|                |                     |                   |                                       |                |
| ATE:           |                     | FROM:             |                                       | (print name)   |
|                |                     | REASON(S):        |                                       |                |
| FORWARD TO:    |                     | A. You had Parent | (check box)                           |                |
| A. Art Unit:   |                     | B. See Title      | (check box)                           |                |
| B. Class:      |                     | C. See Abstract   | (check box)                           |                |
| C Subclass:    |                     | D. See Claim(s):  |                                       |                |
| DATE:          |                     | FROM:             |                                       | (print name)   |
|                |                     | REASON(S):        |                                       |                |
| FORWARD TO     | CLASSIFIER          | A. You had Parent | (check box)                           |                |
|                |                     | B. See Title      | (check box)                           |                |
|                |                     | C. See Abstract   | (check box)                           |                |
|                |                     | D. See Claim(s):  |                                       |                |
| CUOTUED EXC    | LANATION IF NEE     |                   |                                       |                |
| I OIVIILIN EXI |                     |                   |                                       |                |
|                |                     |                   |                                       |                |
|                |                     |                   |                                       |                |
| DISPOSITIO     | N BY 2700 CLA       | SSIFICATION       | · · · · · · · · · · · · · · · · · · · |                |
| DATE:          |                     | CLASSIFIER:       |                                       |                |
|                |                     | REASON(S):        |                                       |                |
| FORWARD TO     | ):                  | A. You had Parent | (check box)                           |                |
| A. Art Unit:   |                     | B. See Title      | (check box)                           |                |
| .B. Class:     |                     | _ C. See Abstract | (check box)                           |                |
| C Subclass:    |                     | D. See Claim(s):  |                                       |                |

FURTHER EXPLANATION IF NEEDED:

Mary Control of the C